

Iowa EPSDT Care for Kids Health Maintenance Recommendations

KEY

● To be performed

☉ Screen at least once during time period indicated

S Subjective, by history

O Objective, by standard testing method

* Assess risk

AGE

*See below

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								Infancy								Early Childhood						Mid.Childhood				Adolescence	
		New-born	2-5 days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30* mo	3 yr	4 yr	5 yr	6* yr	8* yr	10* yr	12* yr	14* yr	16* yr	18* yr	20*+ yr			
History		Initial/Interval																									
Physical exam		As part of each visit																									
Measurements		Weight/length: each visit through 18 mo; BMI each visit 24 mo and older																									
		Head circumference																									
		Blood pressure																									
Nutrition/Obesity prevention		Assess/educate																									
Oral health		Assessment at every visit. Referral to dental home within 6 mo. of eruption of first tooth or by 12 mo. Ask about dental home status at every visit.																									
Developmental and behavioral assessment		Caregiver Deperession Screening																									
		Developmental surveillance																									
		Developmental screening: 9, 18, 24 or 30 mo																									
		Autism screening: 18 & 24 mo																									
		Psychosocial/behavioral assessment																									
		Alcohol and drug use assessment																									
		Adolescent Depression Screening																									
Sensory screening		Vision																									
		Hearing																									
Immunization		Perform an immunization review at each visit; administer immunizations at recommended ages, or as needed																									
Anticipatory guidance		Provided at every visit																									
PROCEDURES	Lipid screening																										
	Hemoglobin/ hematocrit																										
	Lead Testing																										
	Newborn screening		Blood, hearing, critical congenital heart disease																								
	Sexually transmitted infections/HIV screening																										
	Cervical Dysplasia Screening																										
	Tuberculosis testing																										

*Medicaid recommends a 30-month visit and annual visits for older children and adolescents, but does not require them.